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**Operations**

**AEROMEDICAL EVACUATION  
READINESS PROGRAMS**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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This instruction implements Air Force Policy Directive (AFPD) 10-29, *Worldwide Aeromedical Evacuation Operations*. It is a new publication and replaces Aeromedical Evacuation (AE) unit guidance previously outlined in AFI 41-106, *Unit Level Management of Medical Readiness Programs*. It sets procedures for Aeromedical Evacuation (AE) unit readiness planning, training, exercising, and reporting in support of worldwide operations. This instruction applies to Active Component (AC), Reserve Component (RC) and Air National Guard (ANG) AE units and may be supplemented by major command (MAJCOM) specific guidance as necessary.

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## Chapter 1

### THE AEROMEDICAL EVACUATION MISSION

**1.1. Mission Overview.** Aeromedical Evacuation (AE) is one of AMC's four primary responsibilities as described in AFDD 3-17, *Air Mobility Operations*. Worldwide AE provides expedient evacuation of patients to save life, limb, and eyesight, prevent undue suffering, and preserve military strength. AE has proven to be a critical capability supporting Overseas Contingency Operations, enabling the mobility airlift system to move casualties with improved effectiveness and efficiency, rapidly delivering access to higher-level medical care. In addition, this capability is being fully integrated into plans supporting homeland defense, humanitarian assistance, disaster response, and Defense Support to Civil Authorities (DSCA) requirements, as directed by the National Command Authority. The Operations (AF/A3) community partners with the Air Force Medical Service (AFMS) to provide AE capability for contingency and peacetime inter/intra-theater operations.

1.1.1. Capabilities. AE provides time sensitive enroute care of regulated casualties to and between medical treatment facilities, using USAF organic and/or contracted fixed-wing mobility aircraft with medical aircrew trained explicitly for this mission. AE forces can operate as far forward as fixed-wing aircraft are able to conduct air operations, across the full range of military operations, and in all operating environments. Critical Care Air Transport Teams (CCATTs) may be assigned to work with AE aircrew to support patients requiring more intensive en route care.

**1.2. Readiness Training.** AE personnel require highly specialized initial, sustainment, and theater-specific training to respond to a variety of missions and environments. A continual assessment and evaluation process ensures this training remains relevant and effective.

1.2.1. Current Training System. Training is provided for individuals, teams (collective training), and leaders and prepares personnel to integrate themselves into joint platforms and operations. These training platforms include formal courses for deployment and clinical currency, local courses, briefings, and exercises.

**1.3. Readiness Resourcing.** To maintain a robust aeromedical evacuation readiness capability, the A3 partners with the AFMS to manage the funding for training, exercises, personnel and equipment through an internal planning, programming and budgeting system. Specifically, the Medical Readiness (MR) Panel ensures resources are provided to create and maintain global readiness initiatives. The Readiness Training and Oversight Committee (RTOC) and Medical Readiness Decision Support System (MRDSS) Configuration Control Board (CCB) serve as sub-panels to the MR panel.

1.3.1. Lead Command. AMC is the Lead Command for AE. AFRC, ANG, PACAF, and USAFE receive AE guidance and support from AMC. PACAF and USAFE maintain responsibility for theater-unique capabilities. Within HQ AMC, the SG serves as the Manpower and Equipment Force Packaging (MEFPAK) Responsible Agency (MRA) for all AE UTCs. Pilot units work closely with the MRA to construct UTCs, associated mission capability statements (MISCAPs), and manpower details. The Program Element Monitor (PEM)/ Functional Area Manager (FAM) requests funding for the modernization and

sustainment of UTCs through both Line of the Air Force (LAF) and medical programming channels.

**1.4. Readiness Reporting.** Realistic, comprehensive plans that describe responsibilities and procedures to perform the unit's mission are critical in building and maintaining highly effective AE response. Reporting systems, such as Status of Resources and Training System (SORTS), Defense Readiness Reporting System (DRRS), Enhanced Status of Resources and Training System (ESORTS), and AEF Reporting Tool (ART) provide planners at Combatant Commands, MAJCOMs, and the Air Staff valuable data with which to make planning and resourcing decisions relevant to the myriad of Air Force taskings. Unit planning and readiness reports for AE operations are discussed in Chapter 3 in this AFI.

**1.5. AEF Tempo Band Construct.** All AC Aeromedical Evacuation UTCs are postured as enablers under the Air Mobility Operations Enabler-Global Reach Laydown (E-GRL), are not aligned into a TEMPO BAND, and therefore must be prepared to deploy at all times. AFRC/ANG UTCs are postured under the TEMPO BAND construct. AFRC trains as enablers to be prepared to deploy outside their TEMPO BAND. ANG trains according to the TEMPO BAND construct. For additional information, reference AFI 10-401, *Air Force Operations Planning and Execution*, and guidance issued by Headquarters Air Force (HAF) FAM.

## Chapter 2

### ROLES AND RESPONSIBILITIES

**2.1. Purpose.** This chapter provides the responsibilities for AE readiness programs, including responsibilities at the Air Force, MAJCOM, installation and unit levels. It also provides responsibilities of supported and supporting organizations such as the Air Force Inspection Agency.

#### **2.2. United States Air Force Director of Operations (HQ USAF/A3O)**

##### **2.2.1. Advocate for, obtain and allocate resources for AE unit activities and operations.**

2.2.2. Ensure AE policy and doctrine is written to support the full spectrum of military operations.

2.2.3. Organize, train, and equip to requirements.

#### **2.3. United States Air Force Surgeon General (HQ USAF/SG).**

2.3.1. Establish medical policy.

2.3.2. Advocate for, obtain and allocate resources for AE equipment, clinical, and support activities and operations.

2.3.3. Establish and disseminate clinical training and assessment policy.

2.3.4. Train and equip to requirements.

#### **2.4. Air Mobility Command Director of Operations (HQ AMC/A3).**

2.4.1. Establish doctrine and policy to support AE operations, in coordination with AMC/SG.

2.4.2. Establish and disseminate operational training and assessment policy.

2.4.3. Advocate for, obtain and allocate resources for AE equipment and training.

2.4.4. Execute AE Lead Command functions.

2.4.5. Co-Chair the Aeromedical Evacuation Oversight Board (AEOB).

2.4.6. Appoint AE representative to the RTOC and the MRDSS CCB for participation as directed by committee charter. The AE representative will provide AE training and exercise priorities and schedules to the RTOC and ensure unit participation. Present MRDSS Unit Level Tracking and Reporting Application (MRDSS-ULTRA) functionality requirements to the MRDSS CCB, facilitating associated discussion and item prioritization.

2.4.7. Appoint a member of the HQ AMC/A3 staff as the Program Element Monitor (PEM) for Program Element (PE): 41133F – Aeromedical Evacuation.

2.4.8. Establish, review, and approve AE formal courses under AMC/A3 purview.

2.4.9. Identify AE War Reserve Materiel (WRM) requirements and coordinate with AMC/SG for funding.

2.4.10. Coordinate with AMC/SG on all changes affecting the Medical Resource Letter (MRL) of AE squadrons. Implement changes to the MRL for personnel UTCs assigned to AE squadrons.

## **2.5. Air Mobility Command Surgeon General (HQ AMC/SG).**

2.5.1. Provide clinical guidance for AE operations IAW AFI 41-307, *Aeromedical Evacuation Patient Considerations and Standards of Care*.

2.5.2. Advocate for, obtain and allocate War Reserve Material (WRM) within AE operations.

2.5.3. Execute AE Lead Command functions.

2.5.4. Coordinate, establish and disseminate clinical training and assessment policy within AE operations, in coordination with AMC/A3.

2.5.5. Provide medical logistics support for AE operations. Develop policies and procedures in coordination with A3 for equipping of all AE medical equipment and AE support UTCs to include procuring, storing, sustaining, reporting, and updating AE Readiness program equipment and supplies.

2.5.6. Co-Chair the AEOB.

2.5.7. Develop policies and procedures to organize, train, and equip ground medical patient staging assets and critical care air transport teams.

2.5.8. Coordinate with AMC/A3O on all changes affecting the Medical Resource Letter (MRL) of AE squadrons. Implement changes to the MRL for equipment UTCs assigned to AE squadrons.

## **2.6. Medical Inspection Directorate, Air Force Inspection Agency (HQ AFIA/SG).**

2.6.1. Assess AE unit's capability to respond to the full spectrum of AE missions.

2.6.2. Evaluate Aeromedical Evacuation Squadron (AES) implementation of HQ USAF/A3 and MAJCOM AE policies and procedures.

2.6.3. Provide oversight and guidance to MAJCOMs using Air Force Inspection Agency (AFIA) standards.

2.6.4. Coordinate AE related inspection criteria with the OPR of this AFI and owning MAJCOMs prior to publication of AFIA inspection standards.

**2.7. Manpower and Equipment Force Packaging (MEFPAK) Responsible Agency.** MRA will comply with all MEFPAK requirements identified in AFI 10-401 and AFI 41-209, *Medical Logistics Support*. HQ AMC is designated as the MEFPAK Responsible Agency (MRA) for AE. Within HQ AMC, AMC/SG has MEFPAK responsibility for the management and administration of all AE UTCs while the A3 directorate functions as the FAM for personnel unit type codes (UTCs) assigned to the AE squadrons. MEFPAK changes proposed by either directorate will be coordinated with the other to ensure all operational and clinical concerns are addressed. HQ AMC/A3 and HQ AMC/SG will coordinate on all changes to pilot unit requirements and collaborate to ensure all aircrew and aircraft interface aspects have been considered in the administration of all UTCs. In addition, as the MRA, HQ AMC directorates will collaborate to:

2.7.1. Appoint pilot units for each UTC.

2.7.2. Prepare a playbook for each UTC. Incremental UTCs may be consolidated into a single playbook; for example, UTCs FFQNT and FFQCM. This playbook will serve as a consolidated resource for all information regarding the UTC, to include personnel, equipment, mission capability, CONOPS or tactics, techniques and procedures (TTP), and individual UTC requirements for weapons, modernization, funding, other specific training, and mission essential task lists (METL).

2.7.3. Prepare annual status report on assigned UTCs. This report should include current status of on-hand systems and personnel, modernization efforts and concerns, and is completed on an established schedule.

2.7.4. Participate and support AE WRM CSDC operations IAW established Memorandum of Understanding (MOU)s.

2.7.4.1. Verify combatant commander (CCDR) requirements and task assets for deployment as necessary in coordination with the CSDC WRM managers and associated wing installation deployment officers. The Accountable Officer at the CSDC will be informed of any imminent deployment of assets from a CSDC. For ARC units, WRM tasking will be coordinated through HQ AMC/A3O for coordination through HQ AMC/SG.

2.7.4.2. All units requesting AMC UTC equipment packages for exercise or training events hosted at non-local locations must first coordinate the request with HQ AMC/SG. HQ AMC/SG will ensure proper coordination of acceptance of responsibility documentation between the requesting and lending units with AFMOA/SGALX/SGALW and the Air Force Medical Support Agency (AFMSA)/SGX.

2.7.4.3. Coordinate requests to store and manage additional UTC assemblages at CSDC locations with AFMOA/SGAL.

2.7.4.4. Maintain control, oversight, configuration management, and tasking authority for AE WRM managed and maintained at the CSDCs.

2.7.4.5. Provide input coordinated with HQ AMC/A3 to the WRM spend plan process to ensure appropriate funding to support sustainment, reconstitution, and production requirements of consolidated WRM.

2.7.5. Develop training requirements for assigned UTCs and identify funding requirements for training and exercises to the AEC and RTOC as appropriate.

## **2.8. 882nd Training Group (TRG) (AETC).**

2.8.1. Obtain approval of curriculum content for any formal AE readiness course from the HQ AMC/A3 prior to implementation.

## **2.9. Aeromedical Evacuation Squadron (AES) Commander.**

2.9.1. Chair the squadron Executive Management Committee (EMC) or equivalent committee charged with executive oversight of all AE readiness activities. Examples of equivalent executive-level committees include the Readiness Committee and Education & Training Committee. For the purposes of this instruction, EMC will refer to any committee charged with this function, unless specifically noted. Meeting frequency for AC units will be



every other month, at a minimum. Meeting frequency for ARC units will be quarterly, at a minimum. Meeting minutes will be approved by the AES commander.

2.9.2. Review the MRL in MRDSS semiannually to validate UTCs apportioned to the unit. Document review in the next set of EMC minutes.

2.9.3. Ensure qualified personnel are assigned to UTCs apportioned to the unit and IAW AFI 10-401.

2.9.4. Establish an effective readiness training program. Ensure assigned personnel meet mission training requirements and plan for deployment in accordance with AFI 10-401, AFI 10-403, *Deployment Planning and Execution*, applicable Reporting Instructions, and this directive.

2.9.5. Prepare a training schedule for inclusion to the unit's annual training plan.

2.9.6. Ensure individuals, teams, and leaders assigned to their organization receive all training required to be mission ready in accordance with AF policy. Conduct training at the unit level when available.

2.9.7. Provide an assessment of the unit's readiness to perform its tasked missions, as applicable, in ART IAW AFI 10-244, *Reporting Status of Aerospace Expeditionary Forces*, DRRS, and ESORTS. Report unit readiness status in SORTS IAW AFI 10-201, *Status of Resources and Training System*.

2.9.8. Identify training and exercise funding requirements to wing/installation leadership and parent MAJCOM.

2.9.9. AE units do not develop Medical Contingency Response Plans (MCRPs). However, if a collocated active duty Medical Treatment Facility (MTF) has an MCRP, the AES/CC will coordinate with the MTF Commander for inclusion as a potential manpower source.

2.9.10. Appoint, in writing, a primary and alternate for each position below:

2.9.10.1. Readiness Officer, Readiness NCO, and Readiness Manager, as appropriate

2.9.10.1.1. Unit Deployment Manager.

2.9.10.1.2. Unit Plans Officer/NCO.

2.9.10.1.3. Unit Reports Monitors, including unit SORTS monitor, DRRS ESORTS monitor, and ART monitor.

2.9.10.1.4. MRDSS-ULTRA unit-level system administrator.

2.9.10.2. Air Force Specialty Code (AFSC) Functional Training Manager for readiness skills verification program (RSVP) oversight.

2.9.10.3. AE Exercise Evaluation Team (EET) Chief and team members IAW local requirements. Select sufficient members to evaluate the full scope of unit operations. Members should serve for a minimum of one year.

2.9.10.4. Unit Type Code (UTC) Team Chief(s).

## **2.10. Readiness Officer, Readiness NCO, and/or Readiness Manager.**

2.10.1. Provide readiness input to the EMC.

- 2.10.2. Provide readiness input to the squadron training plan.
- 2.10.3. Coordinate and schedule unit personnel to attend formal UTC training courses.
- 2.10.4. Ensure readiness training is properly documented in MRDSS-ULTRA.
- 2.10.5. Conduct all operational readiness reporting IAW AFI 10-201, AFI 10-244, and AFI 10-206, *Operational Reporting*.
- 2.10.6. Monitor the status of WRM, if assigned, through MRDSS-ULTRA, based upon input provided by medical logistics staff. Ensure medical logistics briefs the unit commander and the EMC.
- 2.10.7. Identify unit readiness program resource requirements for budget submission.
- 2.10.8. Integrate readiness portions of the AFIA AE Health Services Inspection (HSI) Guide into the unit self-inspection program. Brief the EMC on self-inspection results as appropriate.
- 2.10.9. Ensure all readiness related appointment letters are current, updated, and maintained as required.
- 2.10.10. Work with the EET Chief to design exercises that meet annual objectives.
- 2.10.11. Ensure the EMC minutes document and track unit level exercise discrepancies to resolution IAW Wing direction.

**2.11. Training Flight Commander.** The Training Flight is responsible for the aircrew and ground UTC specific training requirements of all assigned personnel. The training flight commander will:

- 2.11.1. Conduct, document, and track UTC specific training requirements. The training flight will ensure UTC Team Chiefs, assisted by training flight staff and subject matter experts, conduct UTC training sessions. UTC training for mission ready individuals will be completed within 120 days of UTC assignment. Training Flight personnel will work with UTC Team Chiefs to establish mechanisms to identify mission ready individuals who require make-up training, including newly assigned members who have missed previous training events, and ensure make-up training is conducted within 120 days. Effective management of the UTC specific training program requires close collaboration between the training flight and readiness staffs. This cooperation includes taking the necessary actions to ensure completion of UTC specific training events is annotated in required reporting systems.
- 2.11.2. For units that possess WRM UTC equipment assemblages, ensure equipment sets are operationally tested on an annual basis. WRM assemblages should be fully set-up with equipment turned on, validating that all necessary pieces are available and in working condition. Following completion of training event, assemblage must be re-packed for future operational use. ART/SORTS should be updated to reflect assemblage is off-line. When the base is host to ARC or other Active Duty AE units with similar UTCs, the unit will ensure the tenant or supporting units are given the opportunity to train with the host unit's UTCs; however those units have ultimate responsibility for operationally testing their own equipment. Refer questions to the MRA through owning MAJCOM. See AFI 41-209, Chapter 13, for WRM assemblage access.
- 2.11.3. Host Medical/Aeromedical units that maintain WRM assemblages for AE units will provide opportunities for those units to train, exercise with, and/or operationally test the

equipment annually. However, the host unit is not responsible for ensuring the training and exercising of WRM material is accomplished. When AE units train, exercise, or inventory assigned WRM, comments concerning the event, including current status, should be included in the EMC minutes.

2.11.4. The operational In-Flight kit is the primary resource AES units use when deployed to support exercises and CONUS based deployments. WRM assets may be requested through appropriate channels for extenuating circumstances. WRM AE kits will be deployed from centralized storage locations to support all OCONUS contingencies when tasked. Each organization will provide adequate storage and management attention to ensure operational kits are maintained in a “ready” state.

## **2.12. AE Exercise Evaluation Team (EET) Chief.**

2.12.1. Coordinate exercise goals and objectives with the AES/CC and Readiness Officer/NCO.

2.12.2. Develop AE portions of exercise scenarios.

2.12.3. Facilitate AE portions of exercises according to the exercise schedule of events.

2.12.4. Evaluate AE aspects of exercises using established criteria, as appropriate.

2.12.5. Provide input to the commander for inclusion in the unit’s training plan.

2.12.6. Brief exercise results to the EMC at the next meeting following the exercise.

### Chapter 3

#### AEROMEDICAL EVACUATION READINESS PROGRAM MANAGEMENT

**3.1. The Readiness Office.** The readiness office is the hub for readiness activities at the unit level. Personnel assigned to this office manage programs spanning the full range of global aeromedical evacuation operations.

3.1.1. Tenure. The Readiness Officer/NCO and Readiness Manager (if employed) should serve in their positions for a minimum of 24 months.

3.1.2. Required Training. Successfully complete the Medical Readiness Management Course (MRMC) or equivalent within one year of assignment to Readiness Officer/NCO or Readiness Manager duties.

**3.2. Readiness Office Appointed Positions.**

3.2.1. Unit Deployment Manager (UDM). Roles are IAW AFI 10-401, AFI 10-403, and the Installation Deployment Plan. In addition, the UDM will:

3.2.1.1. Upon notification of a potential deployment, enter tasked member's anticipated deployment date and estimated tour length in MRDSS-ULTRA. Update the data as necessary if the individual deploys on a different date or does not deploy. Coordinate all deployments with local LRS and owning MAJCOM FAMs.

3.2.1.2. Coordinate predeployment notification of AFSC Functional Training Managers to ensure training certification.

3.2.1.3. Upon return from deployment update MRDSS-ULTRA.

3.2.2. Unit Plans Officer/NCO. Unit level planners prepare input to Wing plans and work with other wing planners on any additional emergency planning functions. Specific plans utilized and supported include but are not limited to:

3.2.2.1. Installation Deployment Plan (IDP). The IDP provides details for deployment processing, tailored to a particular installation. AF-level guidance is provided in AFI 10-403.

3.2.2.2. Comprehensive Emergency Management Plan (CEMP) 10-2. The Installation CEMP 10-2 is a base-level plan that aligns AF planning with the National Response Plan. Details are provided in AFI 10-2501, *AF Emergency Management (EM) Program, Planning and Operations*.

3.2.2.3. In-Garrison Expeditionary Site Plan (IGESP). IGESPs are primarily developed for forward operating locations with a permanent Air Force presence to provide deployment, beddown and operation guidance. They were formerly known as Base Support Plans. Additional information is provided in AFI 10-404, *Base Support and Expeditionary Site Planning*.

3.2.2.4. Medical Contingency Response Plan (MCRP). The MCRP details responsibilities and actions required to accomplish a Medical Unit contingency response mission. While AE units do not develop MCRPs, if a collocated active component MTF

has one, the AE unit will coordinate with the active component MTF to ensure inclusion as a manpower pool.

3.2.3. Unit Reports Monitor. The Unit Reports Monitor is responsible for determining the unit's mission preparedness and providing the information to the unit commander for assessment and approval. MRDSS-ULTRA is the primary tool used to collect data for reportable training. Specific reporting responsibilities include but are not limited to:

3.2.3.1. Status of Resources and Training System (SORTS). Overall guidance for preparing and submitting SORTS reports is provided in AFI 10-201.

3.2.3.2. DRRS and ESORTS. DRRS for all commands can be accessed through the Secret Internet Protocol Router Network (SIPRNET) secure website at: <https://drrs.ffc.navy.smil.mil/drrs/default.aspx>. Additional guidance may be provided by parent MAJCOM and AMC/A3.

3.2.3.3. ART. Overall guidance on preparing and submitting ART reports is provided in AFI 10-244, *Reporting Status of Aerospace Expeditionary Forces*. An unclassified training version of ART can be found at: <https://aef.afpc.randolph.af.mil/default.aspx>. Training version can be used for familiarization, using notional data, before submission of the actual unit ART report via SIPRNET at the following secure website: <https://aef.afpc.randolph.af.smil.mil/default.aspx>

3.2.3.4. Individual Training Summary (ITS); located in the Aviation Resource Management System (ARMS), ITS products are the primary tools to track reportable data for flyers.

3.2.4. Unit Readiness Training Manager. The Unit Readiness Training Manager coordinates, schedules, tracks and documents readiness training. Duties include, but are not limited to:

3.2.4.1. Assist the Readiness Officer (RO)/Readiness Non Commissioned Officer (RNCO) in preparing the Readiness portion of the squadron training plan.

3.2.4.2. Plan and oversee the implementation of readiness training events. Document training accomplishment and ensure make-up training is completed and documented.

3.2.4.3. Ensure all readiness training is entered and tracked in MRDSS-ULTRA. Work with AFSC Functional Training Managers and the Unit Training Manager (UTM) to ensure the following is accomplished:

3.2.4.3.1. Prior to an individual's deployment to an AF overseas contingency operation, the unit AFSC functional manager or UTM will review each individual's MRDSS ULTRA and Air Force Training Record (AFTR) or Training Business Area (TBA) record, as applicable. The member's RSVP checklist and individual *AF Form 1098* will be printed, reviewed, and added to the individual's AFTR or TBA. The purpose of the review is to ensure training is current and will remain current for the duration of the deployment. The reviewer must document this review on the individual's AFTR AF Form 623A. The updated record will then be forwarded to the deployed unit.

3.2.4.3.2. For personnel deploying to non-AF units overseas, the AFSC functional manager or UTM will conduct the same review but once the review is complete, will

print the training record and give it to the individual to hand carry to the deployment location, if required.

3.2.4.3.3. While the member is deployed, all training accomplished must be documented on a paper AF Form 797, *Job Qualification Standard Continuation/Command JQS*, AF Form 1098, *Special Task Certification and Recurring Training*, and/or AFTR/AF Form 623A, *On-the-Job Training Record-Continuation Sheet*, as appropriate. When the individual returns from deployment, the newly documented training events will be input into the AFTR or TBA record, as applicable.

3.2.5. MRDSS-ULTRA Unit-level System Administrator. The unit MRDSS-ULTRA Unit System Administrator will create user accounts, review and drop/delete unit-level users no longer requiring access, and ensure positive control of sensitive information contained within MRDSS-ULTRA. This individual will provide assistance to unit users as necessary and will contact the parent MAJCOM MRDSS-ULTRA representative for assistance or guidance. See MRDSS-ULTRA home page to access help section for complete system orientation training.

3.2.6. UTC Team Chief(s). In coordination with the Training Flight, ensure all personnel are trained on the primary UTC to which they are assigned, plus any other UTCs they may be assigned to based upon unit Designed Operational Capability (DOC) statement.

3.2.6.1. UDMs will provide the Training Flight and UTC Team Chiefs a list of personnel and associated UTCs they are assigned to based upon AFSC/UTC requirements. UTC Team Chiefs will update the Training Flight on training progress. The Training Flight will coordinate with Readiness staff to ensure training is tracked in MRDSS-ULTRA.

3.2.6.2. Training will, at a minimum, include review of applicable UTC METLS and AMC Concept of Employment for each UTC. Training will include applicability/utilization in wartime, homeland defense, humanitarian assistance, and DSCA operations. Training frequency will be set at 24 months.

**3.3. Readiness Program Management Functions.** The following functions are also managed by the Readiness office.

3.3.1. In- and Out-processing. Conduct readiness in-processing and out-processing for assigned personnel.

3.3.1.1. Establish standardized in-processing procedures for all newly assigned personnel. Develop an orientation checklist to include: in-processing in MRDSS-ULTRA if applicable to AFSC; Unit Mission Brief; UTC assignment and deployment requirements; training requirements; names and duty sections of team chiefs; and current deployability/training status. Assign training classes and provide a checklist of all items to be accomplished by member.

3.3.1.2. Establish standardized out-processing procedures for permanently changing station, or separating/retiring personnel, including out-processing in MRDSS-ULTRA. Print out training data if necessary and provide the individual with their deployment folder.

3.3.2. Coordinate with the AE EET Team Chief. Provide exercise requirements to assist with exercise scenario development to ensure capabilities are adequately tested.

3.3.3. Exercise Documentation. Maintain copies of all exercise documentation. Hotwash is required. The individual in command of the operation during the exercise will conduct a hotwash immediately following the exercise, when practical. All EET members, the readiness staff, and key players should attend. Use this session to facilitate discussion among participants and identify key deficiencies, areas for improvement, and problems not noted by the base EET. Complete Post Incident Exercise (PIE) Summary following each exercise. Specific format of PIE is at discretion of the AES; at a minimum, however, the report will address the following: identification of participants, exercise overview to include scenario, results/achievement of exercise objectives, training accomplished, observations/findings, and recommendations & corrective actions.

3.3.4. After-Action Reports (AAR). After-Action Reports are prepared IAW AFI 90-1601, *Air Force Lessons Learned Program*. All AARs will be forwarded to the AMC/A3OE organizational account ([amc.a3oe@scott.af.mil](mailto:amc.a3oe@scott.af.mil)). AMC/A3OE, in turn, will coordinate AARs with AMC/SGX when SG equities are represented.

3.3.5. Manage deployment weapons and munitions requirements. Munitions authorizations for internal security, protection, and personal defense are found in AFCAT 21-209, *Ground Munitions*. Schedule combat arms training in accordance with established guidance in AFD 16-8, *Arming of Aircrew, Mobility, and Overseas Personnel*, AFI 31-207, *Arming and Use of Force by Air Force Personnel*, AFI 36-2226, *Combat Arms Program*, and this instruction. There must be a minimum of one qualified individual for each weapon required.

3.3.6. Interface with WRM Project Officer. Maintain coordination with Medical Logistics Office to ascertain status of assigned WRM assemblages.

3.3.7. Conduct Readiness Office Self-inspection. Integrate the readiness areas and elements of the AFIA/SG HSI Guide into the unit self-inspection program. Maintain an active self-inspection program with the goal of continuous improvement and compliance. Brief the status of the readiness self-inspection program to the EMC as required. AE Units will use only applicable portions of the HSI guide.

3.3.8. Maintain Readiness Office Documentation. Maintain documents IAW the Air Force Records Disposition Schedule in the Air Force Records Information Management System (AFRIMS). At the AES commander's discretion, properly formatted electronic signatures may be utilized on appointment letters.

**3.4. Readiness Input to Squadron Training Plan.** Each squadron should maintain a squadron training plan that incorporates all training requirements from all flights/sections of the unit. This plan is the primary resource for the management and scheduling of unit training and exercise requirements. The EMC approves the training plan and provides a copy to the parent MAJCOM. The readiness section is responsible for incorporating all training requirements, exercise requirements, and consideration for make-up training requirements into the squadron training plan.

3.4.1. The Readiness Office will provide input to the squadron training plan to allow the EMC adequate time for approval prior to the upcoming FY to support resourcing requirements submissions as appropriate (i.e., OG/Wing/MAJCOM).

3.4.2. Format is up to the unit; however, the readiness input to the squadron training plan will be the primary resource for management and scheduling of unit readiness training and exercise requirements. The training section of the document should reference individual and UTC training requirements. At a minimum it will include the following:

3.4.2.1. Identify the unit's major readiness missions and other operational relationships (through MOUs or base plans) which will affect readiness training objectives.

3.4.2.2. Identify all required readiness training for the upcoming year. Based on gap analysis, include whether the training can be accomplished locally or will require funding for outside training sourcing. It is understood that readiness may not be the source of all training directed by this AFI, but readiness will be responsible for ensuring all training required by this AFI is captured. Note: For ARC it is recommended that the plan for readiness also include known training requirements for the next four years with consideration given to deployment schedules and keeping personnel ready for upcoming AEF rotations.

3.4.2.3. Align identified unit personnel requiring formal training with a tentative schedule of available class dates occurring in the next fiscal year.

### **3.5. Readiness Input to the EMC**

3.5.1. The EMC provides executive oversight for all AE readiness issues to include the organizing, training, and equipping of all assigned personnel, to ensure the unit is able to meet its assigned missions. RO/RNCO will provide inputs to the EMC in accordance with meeting frequency as outlined in para 2.10.

3.5.2. Inputs will include the following:

3.5.2.1. Readiness Training Update. The training update should include Readiness training statistics and RSVP statistics.

3.5.2.2. Unit Plans Review. Plans will be reviewed as specified by plan OPR.

3.5.2.3. Exercise Update. The EET Chief will present and track exercises and AARs, to include findings, discrepancies and deficiencies. The EMC will track findings, prescribe corrective actions, and close findings when appropriate.

3.5.2.4. UTC Update. Address UTC shortages, vacancies, and their effect on SORTS and ART to include equipment UTCs if applicable. Also address the status of deployed personnel and upcoming deployments. Deployment AARs should be presented and discussed as well.

3.5.2.5. Meeting Minutes. The RO/RNCO will ensure all Readiness updates are included in the EMC meeting minutes and will maintain documents IAW the AF Records Disposition Schedule in AFRIMS.

**3.6. Medical Readiness Decision Support System Unit Level Tracking and Reporting Application (MRDSS-ULTRA).** MRDSS-ULTRA is the official system of record for the management of expeditionary AE personnel and resources and the single authoritative source of readiness training data for AE personnel. See MRDSS-ULTRA home page to access help section for complete system orientation training.



## Chapter 4

### READINESS TRAINING PROGRAM REQUIREMENTS AND REPORTING

**4.1. Training Philosophy.** All AE personnel must be fully trained to meet the task requirements associated with wartime, homeland defense, humanitarian assistance, and DSCA operations.

**4.2. Training Requirements.** Specific training requirements for all AF personnel are contained in AFI 36-2201, *Air Force Training Program*. Unit UDM and UTM must be fully aware of requirements contained in AFI 36-2201 to ensure compliance. In addition, personnel maintaining flight qualification must ensure compliance/currency with AFI 11-2AE series publications. Upon notification of deployment, personnel will complete further training required by line remarks and reporting instructions. Personnel will accomplish additional training outlined in attachment 2 of this AFI.

4.2.1. Manage AFSC program IAW AFMS Knowledge Exchange <https://kx.afms.mil/kxweb/dotmil/kj.do?functionalArea=RSVP>. Only applicable to medical AFSCs. Personnel assigned to a standard UTC must complete the RSVP training for their Control AFSC (CAFSC) for enlisted and Duty AFSC (DAFSC) for officers. In addition, personnel who are utilized as authorized substitutes on a standard UTC must complete RSVP training for the AFSC they are filling to meet their role on the UTC, as well as their control or duty AFSC.

4.2.2. Aeromedical Evacuation Contingency Operations Training (AECOT): For initial training on the integration of all AE UTC capabilities comprising the Theater Aeromedical Evacuation System (TAES), all personnel assigned to an AES will complete AECOT. Aeromedical Evacuation Crew Members (AECMs) will complete AECOT within 12 months of aircrew qualification. AC non-AECM personnel will complete AECOT within 12 months of assignment. Newly accessed ARC non-AECM personnel will complete AECOT within 18 months of completion of Basic Military Training or Commissioned Officer Training and AFSC formal course training. To sustain currency and proficiency of TAES operations, all personnel assigned to an AES will repeat AECOT every 60 months at a minimum. Participation in Lead Command and owning MAJCOM approved exercises, phase II Operational Readiness Exercises/Inspections (OREs/ORIs) where TAES is implemented, or participation in a deployment supporting ground AE operations in the last 60 months may satisfy the sustainment training requirement. Parent MAJCOMs are granted waiver authority and will copy all requests for sustainment training credit to HQ AMC/A3OE. As lead command, HQ AMC/A3OE has overall authority for all AE squadron waiver requests, and documentation will be kept on file at the unit for duration of waiver exemption.

4.2.3. UTC Training: Training for each UTC will consist of review of Air Force Tactics, Techniques and Procedures (AFTTP) for AE, METLs, Mission Capability, Manpower and Logistics Force Package, Concept of Operations, AMC Concept of Employment, and associated equipment UTC. Training will include applicability/utilization in exercise, contingency, homeland defense, humanitarian assistance, and DSCA operations. This training is required prior to the member's initial deployment as part of the UTC, with frequency as directed by the unit training plan.

4.2.4. AE Field Training: Personnel assigned to AESs are highly encouraged to participate in MAJCOM approved [i.e. Joint Readiness Training Center (JRTC), GLOBAL MEDIC, and PATRIOT] exercises to the greatest extent possible.

4.2.5. DSCA Training: Due to the increased support of DSCA operations AE personnel will be familiar with Department of Defense (DoD) DSCA guidance, AMC planning factors, the National Incident Management System (NIMS), and the Air Force Incident Management System (AFIMS).

**4.3. Readiness Program Reporting.** Personnel assigned to deployable UTCs (D-Coded UTCs) are used to calculate training percentages for SORTS, ART, and DRRS. Specific training items considered SORTS reportable are identified in Table 4.1 below. This training will be included in SORTS T-level calculations and will be provided to the AES commander for consideration in ART and DRRS ESORTS readiness assessments.

**Table 4.1. AES SORTS Reportable Training**

TRAINING REQUIREMENT	REPORTABLE FOR
Mission-Ready and Assigned (MRA) AE Crews	Total number of UTC FFQDEs assigned to unit DOC statement. Calculate percent of MRA AE crews IAW AFI 10-201, para 6.2

(**Note:** Guidance in AFI 41-106, dated 1 Jul 11, no longer applies to AE units. All AE units will calculate their training measured area T-level in SORTS using Training Method B: Crew Training as outlined in AFI 10-201. This includes AE units who previously calculated their T-level using Training Method C.)

**4.4. Office of Primary Responsibility (OPR).** The Readiness Office serves as the primary focal point for unit readiness training activities. Local readiness officers/NCOs/managers may also direct questions to parent MAJCOM and/or Lead Command.

**4.5. Documentation.** Units will document readiness training in MRDSS-ULTRA. Supporting documentation, including military or civilian certificates, professional certification, waiver letters, or after-action reports should be cited and maintained if practical. Equivalency credit must be annotated when awarded.

HERBERT J. CARLISLE, Lt Gen, USAF  
DCS, Operations, Plans and Requirements

**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

DODD 3025.1, *Military Support to Civil Authorities*, January 15, 1993

DODD 6000.12, *Health Service Operations and Readiness*, April 29, 2006

DODD 6010.22, *National Disaster Medical System (NDMS)*, January 21, 2003

DODI 6000.11, *Patient Movement*, September 9, 1998

CJCSI 3150.25D, *Joint Lessons Learned Program*, October 10, 2008

JP 3-17, *Air Mobility Operations*, October 2, 2009

JP 4-02, *Health Services Support*, October 31, 2006

AFDD 3-17, *Air Mobility Operations*, March 1, 2006

AFCAT 21-209v1, *Ground Munitions*, November 9, 2007

AFH 10-416, *Personnel Readiness and Mobilization*, December 22, 1994

AFH 36-2218V1, *Self-Aid and Buddy Care – Instructor Handbook*, November 1, 1996

AFI 10-201, *Status of Resources and Training System*, April 13, 2006

AFI 10-206, *Operational Reporting*, September 6, 2011

AFI 10-244, *Reporting Status of Aerospace Expeditionary Forces*, September 12, 2005

AFI 10-2501, *Air Force Emergency Management (EM) Program Planning and Operations*, January 24, 2007

AFI 10-2909, *Aeromedical Evacuation Equipment Standards*, May 19, 2008

AFI 10-401, *Air Force Operations Planning and Execution*, December 7, 2006

AFI 10-403, *Deployment Planning and Execution*, January 13, 2008

AFI 10-404, *Base Support and Expeditionary Site Planning*, March 9, 2004

AFI 31-207, *Arming and Use of Force by Air Force Personnel*, January 29, 2009

AFI 36-2201, *Air Force Training Program*, September 15, 2010

AFI 36-2226, *Combat Arms Program*, February 24, 2009

AFI 41-106, *Medical Readiness Program Management*, July 1, 2011

AFI 41-209, *Medical Logistics Support*, June 30, 2006

AFI 41-307, *Aeromedical Evacuation Patient Considerations and Standards of Care*, August 20, 2003

AFI 90-1601, *Air Force Lessons Learned Program*, September 22, 2010

AFPD 10-9, *Lead Command Designation and Responsibilities for Weapon Systems*, March 8, 2007

AFPD 10-21, *Air Mobility Lead Command Roles and Responsibilities*, May 1, 1998

AFPD 10-29, *Worldwide Aeromedical Evacuation Operations*, August 6, 2007

AFPD 16-8, *Arming of Aircrew, Mobility, and Overseas Personnel*, May 18, 1993

AFTTP 3-42.5, *Aeromedical Evacuation (AE)*, November 1, 2003

AMC Pamphlet 11-303, *Access to the Aeromedical Evacuation System*, November 3, 2000

### ***Forms Adopted***

AF Form 797, *Job Qualification Standard Continuation/Command JQS*, August 1, 2002

AF Form 847, *Recommendation for Change of Publication*, September 22, 2009

AF Form 1098, *Special Task Certification and Recurring Training*, April 1, 1985

AFTR/AF Form 623A, *On-the-Job Training Record-Continuation Sheet*, March 1, 1979

### ***Forms Prescribed***

None

### ***Abbreviations and Acronyms***

**AAR**—After-Action Reports

**AFPD**—Air Force Policy Directive

**AC**—Active Component

**AE**—Aeromedical Evacuation

**AEF**—Air Expeditionary Force

**AES**—Aeromedical Evacuation Squadron

**AEOB**—Aeromedical Evacuation Oversight Board

**AECOT**—Aeromedical Evacuation Contingency Operations Training

**AEC**—Aeromedical Evacuation Council

**AECM**—Aeromedical Evacuation Crew Member

**AETC**—Air Education and Training Command

**AF**—JLLIS – Air Force-Joint Lessons Learned Information System

**AFI**—Air Force Instruction

**AFIA**—Air Force Inspection Agency

**AFIMS**—Air Force Incident Management System

**AFDD**—Air Force Doctrine Document

**AFMC**—Air Force Material Command

**AFRC**—Air Force Reserve Component

**AFSC**—Air Force Specialty Code

**AFTR**—Air Force Training Record  
**AFTTP**—Air Force Tactics, Techniques and Procedures  
**AFMAN**—Air Force Manual  
**AFMS**—Air Force Medical Service  
**AFMSA**—Air Force Medical Support Agency  
**AFRIMS**—Air Force Records Information Management System  
**AMC**—Air Mobility Command  
**ANG**—Air National Guard  
**ARMS**—Aviation Resource Management System  
**ARC**—Air Reserve Component  
**ART**—AEF Reporting Tool  
**CAFSC**—Control Air Force Specialty Code  
**CBRNE**—Chemical, Biological, Radiological, Nuclear, Explosive  
**CCATT**—Critical Care Air Transport Teams  
**CCB**—Configuration Control Board  
**CCDR**—Combatant Commander  
**CEMP**—Comprehensive Emergency Management Plan  
**CSDC**—Consolidated Storage and Deployment Center  
**DOC**—Designed Operational Capability  
**DoD**—Department of Defense  
**DRRS**—Defense Readiness Reporting System  
**DRU**—Direct Reporting Unit  
**DSCA**—Defense Support to Civil Authorities  
**EET**—Exercise Evaluation Team  
**E-GRL**—Enabler-Global Reach Laydown  
**EMC**—Executive Management Committee  
**ESORTS**—Enhanced Status of Resources and Training System  
**FOA**—Forward Operation Agency  
**FAM**—Functional Area manager  
**FTM**—Functional Training Manager  
**HQ**—Head Quarters  
**HAF**—Headquarters Air Force

**HSI**—Health Services Inspection  
**IAW**—In Accordance With  
**IDP**—Installation Deployment Plan  
**IGESP**—In-Garrison Expeditionary Site Plan  
**ITS**—Individual Training Summary  
**JRTC**—Joint Readiness Training Center  
**LAF**—Line of the Air Force  
**MAJCOM**—Major Command  
**MCRP**—Medical Contingency Response Plan  
**MEFPAK**—Manpower and Equipment Force Packaging  
**MISCAPs**— - Mission Capability Statements  
**METL**—Mission Essential Task Lists  
**MOU**—Memorandum of Understanding  
**MRA**—MEFPAK Responsible Agency  
**MR**—Medical Readiness  
**MRDSS**—Medical Readiness Decision Support System  
**MRL**—Medical Resource Letter  
**MRMC**—Medical Readiness Management Course  
**MTF**—Medical Treatment Facility  
**NCO**—Non Commissioned Officer  
**NIMS**—National Incident Management System  
**OPR**—Office of Primary Responsibility  
**ORE**—Operational Readiness Exercise  
**PACAF**—Pacific Air Forces  
**PEM**—Program Element Monitor  
**PMI**—Patient Movement Item  
**RC**—Reserve Component  
**RDS**—Records Disposition Schedule  
**RNCO**—Readiness Non Commissioned Officer  
**RO**—Readiness Officer  
**RTOC**—Readiness Training and Oversight Committee  
**RSVP**—Readiness Skills Verification Program

**SABC**—Self-Aid Buddy Care

**SG**—Surgeon General

**SIPRNET**—Secret Internet Protocol Router Network

**SORTS**—Status of Resources and Training System

**TAES**—Theater Aeromedical Evacuation System

**TTP**—Tactics, Techniques and Procedures

**TRG**—Training Group

**UDM**—Unit Deployment Manager

**ULTRA**—Unit Level Tracking and Reporting Application

**USAF**—United States Air Force

**USAFE**—United States Air Force Europe

**USAFSAM**—United States Air Force School of Aerospace Medicine

**UTC**—Unit Type Code

**UTM**—Unit Training Manager

**WRM**—War Reserve Materiel

## Attachment 2

**READINESS EXERCISE REQUIREMENTS**

**A2.1. Purpose of Exercises.** Exercises are conducted to evaluate an organization's capability to execute one or more portions of its response or contingency plans. Exercises should be scenario-driven and designed to validate procedures and improve processes outlined in plans and planning documents. Each exercise should provide a realistic rehearsal for deployment situations or installation response, and may be conducted in a tabletop, functional, or full-scale format. As a result, exercises provide excellent training opportunities that augment, but should not replace, established training programs.

**Table A2.1. EXERCISE REQUIREMENTS**

EXERCISE	REFERENCE	FREQUENCY/REMARKS
Recall	AFI 10-2912 Installation Deployment Plan (IDP)	Minimum of 2 unit-wide recalls per year.
Operational Readiness Exercise (ORE)	AFI 10-2501	Schedule established by the wing/base/installation.
Deployment Exercise	AFI 10-403	Frequency as determined by the IDP.

(**Note:** AE units must work with their wing/base/installation plans and programs office/EET to determine the best way to conduct exercises required by other AFIs)

**A2.2. Exercise Types.** Exercises fall into one of three categories: tabletop or walkthrough exercises (TTX), limited scope exercises which include functional (FX) and command post exercises (CPX), or full-scale field training exercises (FTX). The scope of the exercise varies widely based upon its type. Exercise planners can successfully blend exercise types (for example, a field exercise where aeromedical evacuation is managed as a functional exercise only) to achieve objectives. Review the exercise objectives carefully to determine the appropriate exercise method for the situation.

A2.2.1. Tabletop or Walkthrough Exercises (TTX). A tabletop exercise is frequently used to test a new plan or procedure. It is designed to allow participants to examine and resolve problems in an informal, stress-free environment. The success of the exercise is largely determined by group participation and the identification of problem areas. These exercises are particularly effective if led by an experienced facilitator. Tabletop exercises should be utilized judiciously.

A2.2.2. Functional Exercise (FX) or Command Post Exercises (CPX). A functional exercise is a fully simulated exercise that tests multiple functions of an organization's response to a simulated event. It is a time-pressured, realistic simulation. These exercises work well in a training environment if facilitated by experienced exercise controllers.

A2.2.3. Field Training Exercise (FTX). An FTX simulates a real event as closely as possible. To accomplish this realism, it requires the mobilization and actual movement of



personnel, equipment and resources. FTXs are excellent evaluation and training tools, but they are often costly and time-consuming to plan and execute.

**A2.3. Exercise Design.** Exercises should be designed to locate and eliminate problems in response and contingency plans before an event occurs. Additionally, exercises enable personnel to practice their roles, and gain experience and confidence prior to a contingency situation.

A2.3.1. Exercise Objectives. Well constructed exercises include these objectives:

A2.3.1.1. Test and evaluate plans, policies and procedures

A2.3.1.2. Reveal planning weaknesses

A2.3.1.3. Reveal gaps in resources

A2.3.1.4. Improve organizational coordination and communications.

A2.3.1.5. Clarify and practice roles and responsibilities

A2.3.1.6. Improve individual and team performance

A2.3.1.7. Demonstrate capabilities to associated organizations; gain support and develop teamwork.

A2.3.1.8. Build upon past lessons learned to establish competence in all contingency-related functions.

A2.3.2. Participants. Exercise participants are determined by the size and scope of the exercise. A TTX might include only key decision makers, while an FTX may include all members of the organization, supporting organizations, and the community. Additionally, the exercise participants may include simulated victims, controllers, evaluators, and observers. The planner must ensure safety for all participants during the exercise and coordinate transportation, messing, billeting, and administrative support when required.

A2.3.3. Exercise Development and Planning Factors. Various planning factors combine to establish an effective exercise program.

A2.3.3.1. Realism. Exercises must be realistic and contingency based. Unit response and contingency deployment capabilities vary widely. Therefore, each unit's exercise program must be tailored to local capabilities both on and off base and take into consideration such factors as support/assistance agreements, local jurisdiction, other military unit capabilities, and contracts.

A2.3.3.1.1. Minimize simulations, emphasize participation, and assess actual abilities consistent with safety, exercise objectives, and real-world constraints.

A2.3.3.1.2. Overseas locations must also consider host nation agreements, noncombatant evacuation operations, humanitarian operations, and other factors.

A2.3.3.1.3. Exercise scenarios should maximize opportunities for training by appropriately incorporating team or individual participation and operational processes and procedures.

A2.3.4. Threat Vulnerability. Accurately assess the threat vulnerability on base and in the community and design exercise objectives consistent with that threat. Keep in mind that documents referencing specific vulnerabilities may be classified.

A2.3.5. Community Participation. Test MOAs/MOUs/MAAs by inviting local community partners and on-base agencies to participate in the exercise, as appropriate.

A2.3.6. Wing/Base Exercise Schedule and Availability. The unit should aggressively pursue opportunities to participate in Wing exercises. However, the absence of Wing exercises does not alter the unit's overall requirements. In these situations, the unit should continue to conduct exercises IAW applicable directives.